

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X

ANTONIO EADDY,

Plaintiff,

Civil Action No.

v.

24-cv-8109

UNITED STATES OF AMERICA,

(Kovner, J.)

(Scanlon, M.J.)

Defendant.

-----X

DECLARATION OF ALEXANDRA MEGARIS

1. I am an Assistant United States Attorney, of counsel to Joseph Nocella, Jr., United States Attorney, Eastern District of New York, attorney for defendant, United States of America. I submit this Declaration in support of Defendant's Motion to Dismiss, and to place before the Court true and correct copies of various documents that support Defendant's Motion.
2. Attached as **Exhibit 1** is a true and correct copy of the letter mailed by the Federal Bureau of Prisons ("BOP") to Antonio Eaddy on June 13, 2023, addressed to Antonio Eaddy, FCI Otisville, P.O. Box 1000, Otisville, NY 10963 and a copy of PS Form 3811, Domestic Return Receipt, completed by BOP, which shows the USPS Tracking number assigned to the mail piece, Tracking No. 9590940267551074756124, and BOP's selection of Certified Mail as the mail service.
3. Attached as **Exhibit 2** is a true and correct copy of the USPS Tracking Plus Statement as of June 26, 2025 for Tracking No. 9590940267551074756124, which shows the mail piece was processed by U.S. Postal Service facility in Philadelphia Pennsylvania on June 16, 2023.

4. Attached as **Exhibit 3** is a true and correct copy of the second Form 95 submitted by Plaintiff, which was received by BOP on June 7, 2024.
5. Attached as **Exhibit 4** is a true and correct copy of the letter, envelope, and attachments (including the first Form 95 submitted by Plaintiff) mailed by the BOP to Plaintiff's counsel, Cohen & Green P.L.L.C., on May 23, 2024, addressed to Elena L. Cohen, Cohen & Green P.L.L.C., 1639 Centre Street, Suite 216, Ridgewood, NY 11385 and a copy of PS Form 3811, Domestic Return Receipt, completed by BOP, which shows the USPS Tracking number assigned to the mail piece, Tracking No. 9590940281373030580204, and BOP's selection of Certified Mail as the mail service.

I declare under penalty of perjury, pursuant to 18 U.S.C. § 1746, that the foregoing is true and correct.

Executed this 21st day of July, 2025

By: /s/ Alexandra Megaris
ALEXANDRA MEGARIS
Assistant United States Attorney



Federal Bureau of Prisons

Northeast Regional Office

Via Certified and Return Receipt MailU.S. Custom House-7th Floor
2nd & Chestnut Streets
Philadelphia, PA 19106

June 13, 2023

Antonio Eaddy, Reg. No. 74790-509
FCI Otisville
P.O. Box 1000
Otisville, NY 10963

RE: Administrative Claim No. TRT-NER-2022-06606

Dear Mr. Eaddy:

Administrative Claim No. TRT-NER-2022-06606, properly received in this office on July 28, 2022, has been accepted and considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30, which provides for the payment of claims "caused by the negligence of an officer or employee of the U.S. Government acting within the scope of employment." You seek \$500,000.00 for a personal injury claim. Specifically, you allege MDC Brooklyn staff improperly placed you in the Special Housing Unit, which lead to you being assaulted by other inmates on May 10, 2022.

At this time, there is not sufficient evidence to substantiate the allegations of this claim. There is no evidence you experienced a compensable loss as the result of negligence on the part of any Bureau of Prisons employee. Accordingly, your claim is denied.

There is no evidence that you experienced a compensable loss as the result of negligence on the part of any Bureau of Prisons employee. Accordingly, your claim is denied. If you are dissatisfied with this decision, you may bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this letter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Darrin Howard", is written over a horizontal line.
Darrin Howard
Regional Counsel

cc: Sekou Ma'at, Warden, MDC Brooklyn

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Is delivery address different from item 1?
delivery address below:

☐ Yes

☒ No

Antonio Eaddy, Reg. No. 74790-509

FCI Otisville

P.O. Box 1000

Otisville, NY 10963



9590 9402 6755 1074 7561 24

2. Article Number (Transfer from service label)

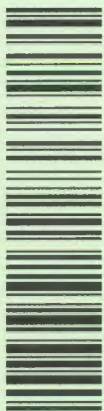
7020 3160 0000 3806 2242

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

USPS TRACKING #



9590 9402 6755 1074 7561 24

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Northeast Regional Office
Federal Bureau of Prisons

U.S. Customs House
2nd & Chestnut Streets, 7th Floor
Philadelphia, PA 19106

Tracking Number: 9590940267551074756124
Destination Address: PO BOX 1000

Date & Time	Status of Item	Location
Jun 16, 2023 11:00 pm	PROCESSED THROUGH USPS FACILITY	PHILADELPHIA, PA 19176

COHEN & GREEN

May 6, 2024

Colette S. Peters
Director
Federal Bureau of Prisons
320 First Street, NW
Washington, DC 20534

Federal Bureau of Prisons
Northeast Regional Office
Legal Bureau
U.S. Custom House, 7th Floor
200 Chestnut Street
Philadelphia, PA 19106

Eastern District of New York
AUSA Breon Peace
271 Cadman Plaza East
Brooklyn NY 11201

DATE RECEIVED
FEDERAL BUREAU OF PRISONS
OFFICE OF THE REGIONAL COUNSEL

JUN 07 2024

NERO - PHILADELPHIA

By United States Mail

Re: Claim for Damage, Injury, or Death Under Federal Tort Claims Act

To Whom It May Concern:

Consistent with the Federal Tort Claims Act and related regulations, I hereby submit the following documents related to federal administrative tort claims on behalf of my client, Antonio Eaddy.

1. Standard Form 95 submissions and attachments related to claims on behalf of Mr. Eaddy;
2. Authorization for representation signed by Mr. Eaddy;
3. Medical records related to the incident (EADDY_000001-000013) and
4. Photos of Mr. Eaddy's scar from the slashing (EADDY_000014-000017).

Thank you for your attention to these matters.

Yours,



Elena L. Cohen
Cohen&Green P.L.L.C.
Attorneys for Plaintiff
1639 Centre St., Suite 216
Ridgewood, New York 11385

AUTHORIZATION TO SERVE CLAIM AGAINST THE UNITED STATES

I, Antonio Eaddy, DOB 03/13/1997, SSN 090-87-7113, hereby authorize Elena Cohen of Cohen&Green, P.L.L.C., 1639 Centre St., Suite 216, Ridgewood, NY 11385, to file a claim against the United States by filing a Form 95, so that I can bring an FTCA claim.

Antonio Eaddy
ANTONIO EADDY

3/27/2024
DATE

Case 1:24-cv-08109-RPK-VMS Document 26-3 Filed 09/24/25 Page 9 of 48 PageID
112
**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

Federal Bureau of Prisons
320 First Street
NW Washington, DC 20534

Northeast Regional Office
BOP
U.S. Custom House - 7th Fl.
200 Chestnut St.
Philadelphia, PA 19106

2. Name, address of claimant, and claimant's personal representative if any.
(See instructions on reverse). Number, Street, City, State and Zip code.

Antonio Eaddy

3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

03/13/1997

5. MARITAL STATUS

Single

6. DATE AND DAY OF ACCIDENT

5/10/2022

7. TIME (A.M. OR P.M.)

Approx. 6 or 7 p.m.

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

See attached "Supplement to May 6, 2024 SF-95 Claim Form for Damage, Injury, or Death" (the "Supplement").

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

None

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.
(See instructions on reverse side).

N/A

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

See attached Supplement.

DATE RECEIVED
FEDERAL BUREAU OF PRISONS
OFFICE OF THE REGIONAL COUNSEL

JUN 07 2024

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)
NERO - PHILADELPHIA

See attached Supplement.

See attached Supplement.

12. (See instructions on reverse). **AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE

See attached Supplement.

12b. PERSONAL INJURY

See attached Supplement.

12c. WRONGFUL DEATH

See attached Supplement.

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

See attached Supplement.

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

(929) 888-9650

14. DATE OF SIGNATURE

May 6, 2024

**CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM**

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

INSURANCE COVERAGE
#: 113

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

See attached Supplement.

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

See attached Supplement.

See attached Supplement.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

See attached Supplement.

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

See attached Supplement.

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

SUPPLEMENT TO MAY 6, 2024 SF-95
CLAIM FORM FOR DAMAGE, INJURY, OR DEATH

ANTONIO EADDY

8. BASIS OF CLAIM

This claim concerns serious injuries suffered by claimant Antonio Eaddy, USM No. 74790-509, while incarcerated at Metropolitan Detention Center Brooklyn (“MDC”) on May 10, 2022.

Mr. Eaddy was 25-years-old at the time of the incident and had been in the custody of the United States Bureau of Prisons (“BOP”) since around November 16, 2021.

This claim arises from Mr. Eaddy’s personal injury and conscious pain and suffering as a result of the gross negligence, negligent hiring/training/supervision¹, and deliberate indifference to Mr. Eaddy’s safety and medical needs of MDC medical and other staff.

This claim is brought on behalf of Antonio Eaddy.

Background on Antonio Eaddy

Mr. Eaddy was born in Brooklyn, New York on March 13, 1997. He grew up in a loving and supportive household as the oldest of 7 children and attended high school at Abraham Lincoln High School near Coney Island. He tries his best to be a good role model to his younger siblings, and he has a close relationship with both of his parents. Before going

¹ For example, the MDC Warden and Deputy Warden at the time, Felipe Martinez Jr. and Milton Washington, Lt. First Name Unknown (“FNU”) Santucci, the SIS Investigator, Nurse FNU Ortiz, and John and Jane Doe BOP employees, failed to adequately train and/or supervise BOP employees who, in turn, failed to adequately protect Mr. Eaddy.

into federal custody, in order to support himself financially, he worked as a driver for Uber Eats. He was also attending weekly virtual appointments with a therapist at an outpatient mental health and substance use program.

Details of the Attack on Mr. Eaddy on May 10, 2022

On *April 25, 2022*, Mr. Eaddy was living in general population housing unit 52 when he was accused of being involved in an altercation occurring with other inmates, which he was not, and was then placed in a Special Housing Unit (“SHU”) as punishment. Mr. Eaddy’s attempts to explain how he was not involved in the altercation – and, in fact, was nowhere near the area where it occurred – were ignored. Mr. Eaddy was in the SHU from April 25, 2022 until the date of the incident that is the subject of this action – May 10, 2022.

At some point between April 25, 2022 and May 10, 2022, an investigator with the Special Investigative Services (“SIS”) unit came to speak to Mr. Eaddy. Although Mr. Eaddy does not know the investigator’s full name, he believes either his first or last name is Ward. The investigator gathered information from Mr. Eaddy on the incident, where Mr. Eaddy reiterated that he was not involved whatsoever. The SIS investigator told Mr. Eaddy he would review the video footage and confirm Mr. Eaddy’s story, and that if all checked out, Mr. Eaddy would be returned to housing unit 52. Mr. Eaddy had not seen or spoken to the investigator prior to this conversation, and to this day does not know his full name.

On *May 10, 2022*, Lt. Santucci told Mr. Eaddy he was being moved out of the SHU and into housing unit 51. Mr. Eaddy was confused because he was previously told he would be returning to his original housing unit – unit 52. He was worried about going

to unit 51 because it was, upon information and belief, a unit that generally houses gang members. The lieutenant told him, in sum and substance, that he could either go to unit 51 or stay in the SHU. Faced with these options, Mr. Eaddy chose the former. A corrections officer from unit 52 saw Mr. Eaddy go to unit 51 and even made a comment where he said, in sum and substance, that he thought Mr. Eaddy was coming back to unit 52, as his personal belongings were all there still.

Around 6 or 7 p.m., Mr. Eaddy was placed in a cell with someone he did not know and who he had not seen before. Another incarcerated person, who Mr. Eaddy was also unfamiliar with, entered the cell and started peppering Mr. Eaddy with questions. While this person was asking Mr. Eaddy questions, the cellmate left the cell. Mr. Eaddy then saw shadows moving behind him as he answered. Upon turning his head to see what was behind him, the person attacked Mr. Eaddy. Multiple other incarcerated individuals, who had apparently been waiting just outside the cell, entered the cell and joined in on the brutal attack. One person stayed outside the closed cell door and kept watch. Mr. Eaddy could not see exactly how many people were involved, but believes it was between 5 to 10. Mr. Eaddy's foot was broken at the time, so he was wearing a boot on his foot, which made it more difficult for him to move around and defend himself.

During this beating, someone (or multiple people) slashed Mr. Eaddy 4 times. The largest slash went from behind his ear and down the left side of his neck. The other 3 were by the top of his left earlobe, by his left temple, and on the left side of his face coming down towards his lip. The scene was so chaotic and violent that Mr. Eaddy could not get a good look at the person or people who slashed him, or anyone else piled on top of him. Although he did not realize it at the time because he was so bloodied and focused

on the neck wound, he also had a swollen foot from his broken foot being stepped on, and a swollen eye from being hit by the assailants.

Mr. Eaddy believes the attack took place over several minutes. For the entire duration of the attack, no corrections officer or other BOP staff member intervened. Mr. Eaddy saw blood all over his body and briefly blacked out. Upon regaining consciousness, Mr. Eaddy heard people around him saying, "He's dying, he's dying."

As Mr. Eaddy stumbled down the housing block, blood spurting from his neck, corrections officers stationed at the door to the unit saw Mr. Eaddy in this condition but did not rush over to help him – they merely watched him from afar, told onlookers to go back into their cells, and buzzed Mr. Eaddy out of the housing unit, into the main hallway that connects the housing units together. As Mr. Eaddy came towards the door to the guards' station, a BOP nurse spotted him and came running over. Mr. Eaddy believes the nurse's last name is Ortiz but does not know her full name. The nurse held Mr. Eaddy as he bled profusely from the wound in his neck and sat with his head in her lap as he crumpled to the ground. Although guards told her to "leave him," she refused. By this point, Mr. Eaddy was unable to stand due to weakness, pain, and blood loss. Mr. Eaddy, fearing he was at acute and immediate risk of bleeding to death, asked Nurse Ortiz if the neck wound was bad. She comforted him until an ambulance came. While he waited, several corrections officers gathered to take a photo of Mr. Eaddy's wounds. His several requests for water were denied.

Once EMT's arrived, they put him on a stretcher and transported him to the NYU Langone Brooklyn Hospital emergency department where he received treatment for his injuries. At the hospital, hospital staff and EMT's removed all of Mr. Eaddy's clothing,

because his clothing was completely blood-soaked. At that point, he learned the wound in his neck was around 6 inches long and he was given dozens of stitches. A doctor at the hospital also told him, in sum and substance, that the slash was extremely close to a main artery and that he could have died from the blood loss.

Upon discharge, Mr. Eaddy was returned to MDC and placed in the SHU. At first, he was placed in the West SHU, which was, upon information and belief, also housing the people who attacked Mr. Eaddy. He knew this because he could overhear them talking about what they'd done to him. He was then moved to the East SHU, where Lt. Santucci came to see him, laughed, and told Mr. Eaddy that he was "lucky to be alive." Mr. Eaddy was not given any pain medicine or any other treatment for his injuries. Although BOP staff at MDC's infirmary were supposed to check on the injury to see how it was healing and to remove the stitches, they did not do so timely. By the time the medical personnel got around to it, the stitches were already coming out on their own. Mr. Eaddy was forced to stay in the SHU until October 12, 2022 – approximately 5 months.

To this day, the scar is still obviously visible. The scar tissue has discolored his skin. It is very painful to the touch, and he is no longer able to lay on the left side of his neck. The scar also causes Mr. Eaddy to experience symptoms of anxiety and depression to know that anyone looking at his neck can see the scar. Further, Mr. Eaddy suffers emotional and psychological distress from the severe trauma inflicted upon him due to this attack, which could have been entirely avoided had Mr. Eaddy been placed in the correct housing unit, and the subsequent slow response from BOP employees to help him immediately after the slashing occurred. For the first few months following the incident,

Mr. Eaddy suffered from daily nightmares where he dreamed people were chasing him with knives. He would wake up with cold sweats and had difficulty breathing. He is now extremely paranoid and worried about being attacked at any moment. He has also previously said he wanted to commit suicide as a result of the scarring, because he doesn't feel like himself anymore when he looks in a mirror.

The federal government conducted an investigation into Lt. Santucci, as he was the guard who placed Mr. Eaddy in housing unit 51. Mr. Eaddy cooperated with the investigation. The results of that investigation are unknown to Mr. Eaddy.

Records related to Mr. Eaddy's injuries and treatment are provided as an attachment to this document. The records are from:

NYU Langone Brooklyn – Emergency Department
150 55th St.
Brooklyn, NY 11220

The United States is liable to Mr. Eaddy for the harms he suffered as to the actions and inactions of the Bureau of Prisons employees referenced above constitute the torts of negligence, reckless disregard of safety, and violation of the common law duty to protect.

9. **PROPERTY DAMAGE:** No property was damaged.

10. **NATURE AND EXTENT OF INJURY.**

These claims arise from Mr. Eaddy's personal injury and conscious pain and suffering as a result of the gross negligence, negligent hiring/training/supervision, and deliberate indifference to Mr. Eaddy's safety and medical needs by MDC medical and other staff.

Due to the acts and omissions of BOP medical and correctional staff, Mr. Eaddy suffered serious harms for which he is entitled to compensation, including but not limited to: personal injury and conscious pain and suffering. As a result of the harms, Mr. Eaddy seeks compensation including, but not limited to, compensation for pain and suffering as well as interest and punitive damages.

11. WITNESSES

Mr. Eaddy's Family

Nasir Eaddy (sister)

Stephan Eaddy (brother)

Sincere Askew (brother)

Laterek Eaddy (brother)

Taveon Eaddy (brother)

Darell Eaddy (brother)

Antonio Eaddy Sr. (father)

Chaunte Askew (mother)

BOP Witnesses

Warden Felipe Martinez Jr.

Deputy Warden Milton Washington

BOP employees on duty between April 25, 2022 and May 10, 2022 on Unit 51 and Unit 52 when Mr. Eaddy was placed in the SHU and subsequently attacked.

The BOP Employee/Investigator from SIS (Investigator Ward) who spoke with Mr. Eaddy while Mr. Eaddy was in the SHU between April 25, 2022 and May 10, 2022.

Lieutenant Santucci who spoke with Mr. Eaddy on May 10, 2022 and told Mr. Eaddy he could either stay in the SHU or go to Unit 51.

Nurse Ortiz who held Mr. Eaddy as he bled, while waiting for the ambulance to bring him to the hospital for emergency care.

BOP medical employees John and/or Jane Doe BOP Employees who provided Mr. Eaddy with medical care and/or who failed to provide Mr. Eaddy with medical care after he was attacked on May 10, 2022 by another inmate.

BOP Inmate Witnesses

Unknown

12. SUM CERTAIN DEMANDS

The sum certain demand for the personal injury aspects of the claims is \$20 million.

The total sum certain demand as to all claims is \$20 million.

15-19. There is no insurance that would cover the damages to be assessed regarding this claim.

AFTER VISIT SUMMARY

74790-509



Antonio Eaddy DoB: 3/13/1997

5/10/2022

NYU Langone Brooklyn- EMERGENCY DEPT 718-630-7185

Emergency Department Follow Up & Care Transition Center 718-630-6868

Instructions



Your medications have changed



START taking:

levoFLOXacin (LEVAQUIN)

Review your updated medication list below.



Read the attached information

1. Suture Care (English)
2. Laceration, Face: Stitches or Tape (English)



Pick up these medications at Lutheran Pharmacy 5407 2nd Ave, Brooklyn, NY 11220-2669 718-492-9800 718-492-1900

• levoFLOXacin

Your estimated payment per fill: \$1

Address: 5407 2nd Ave, Brooklyn NY 11220-2669

Phone: 718-492-9800



Go to Jonathan L Bass, MD in 1 week (around 5/18/2022)

Why: For wound re-check

Specialty: Plastic Surgery, Hand

Contact: 6740 4th Avenue, 3rd Floor
Brooklyn NY 11220
929-455-2700

Today's Visit

Diagnoses

- Facial laceration, initial encounter
- Complex laceration of left ear, initial encounter

Dr. B. Bialor
Clinical Director
MDC Brooklyn, NY

(BB) (5/11/22)

EADDY_000001

Lab Tests Completed

ALCOHOL LEVEL
AMYLASE
APTT
BASIC METABOLIC PANEL
CBC WITH DIFFERENTIAL
CPK
ERYTHROCYTE SEDIMENTATION RATE
HEPATIC PANEL
MAGNESIUM
PHOSPHORUS, INORGANIC
PROTHROMBIN TIME AND INR
TROPONIN I, HIGH SENSITIVITY
TYPE AND SCREEN
VITAMIN B12

Imaging Tests

CT BRAIN WITHOUT IV CONTRAST
CT CERVICAL SPINE WITHOUT IV CONTRAST
EKG 12-LEAD
XR CHEST AP PORTABLE
XR PELVIS AP PORTABLE

Medications Given

ceFAZolin in dextrose (ANCEF) Stopped 5/10/2022 9:10 PM
fentaNYL (SUBLIMAZE) Last given 5/10/2022 9:53 PM
haloperidol lactate (HALDOL) Last given 5/10/2022 7:30 PM
haloperidol lactate (HALDOL) Last given 5/10/2022 7:35 PM
lactated ringers (LR) Stopped 5/11/2022 1:09 AM
lidocaine 1% PF (XYLOCAINE MPF) Last given 5/10/2022 10:47 PM
lidocaine-EPINEPHrine 1%-1:100,000 (XYLOCAINE-EPINEPHrine) Last given 5/10/2022 10:47 PM
lidocaine-EPINEPHrine 1%-1:100,000 (XYLOCAINE-EPINEPHrine) Last given 5/10/2022 8:41 PM
sodium chloride 0.9 % Stopped 5/11/2022 1:09 AM



Blood Pressure
111/54



BMI
24.34



Weight
170 lb



Height
5' 10.08"



Temperature (Oral)
98.5 °F



Pulse
94



Respiration
12



Oxygen Saturation
99%

What's Next

You currently have no upcoming appointments scheduled.

Patient Demographics

Address
80 29th Street
Metropolitan Detention Center
BROOKLYN NY 11231

Phone
718-840-4200 (Home)
718-840-4200 (Mobile)


Emergency Department Treatment Team
Jonathan B Cardwell, MD

Follow Up Call

You will get a call from our Emergency Department (ED) Follow-up and Care Transition Center. We want to help you with anything you may need. We will gladly help you review your discharge instructions, schedule doctor appointments or get medications you need. If you have any questions or concerns about your ED visit, please call the ED Follow-Up and Care Transition Center. They can be reached at 718-630-6868 between 9:00am-7:00pm.

EADDY_000003

Your Medication List

 For your privacy, any medications your clinician marked as private are not included in this list. This message appears even if the list is complete. If you have any questions about a medication you don't see here, contact your doctor.



START

levoFLOXacin 750 mg tablet
Commonly known as: LEVAQUIN

Take 1 tablet by mouth daily for 7 days.

MyChart at NYU Langone Health

- Sign up for NYU Langone Health MyChart to stay connected to your care anytime and anywhere.
- You can schedule appointments, view test results, request prescription refills, send secure messages to your providers, and more.
- To enroll, download the NYU Langone Health app and select "Activate MyChart Account" on the login screen. Or you can visit <https://mychart.nyulmc.org> and select "Sign Up Now."
- For technical support, please call 1-866-262-6458.

Attached Information

Suture Care (English)

Suture Care



Sutures or stitches are used to close wounds. Sutures also help stop bleeding and speed healing. To help your wound heal, follow the tips on this handout.

Some sutures need to be removed by a healthcare provider. Others dissolve on their own. Sometimes strips of tape or staples are used. You'll be told what kind of sutures you have.

Keep sutures clean

- Don't do things that could cause dirt or sweat to get on your sutures. If needed, cover your sutures with a bandage to protect them.
- Don't pick at scabs. They help protect the wound.
- Don't wash the area around your sutures unless your healthcare provider says it's OK. Then, follow his or her instructions for washing and drying.

Keep sutures dry

- Keep your sutures out of water.
- Take a sponge bath to avoid getting your sutures and wound wet, unless your healthcare provider tells you otherwise.
- Ask your provider when can you take a shower or bathe.
- Ask your provider about the best way to keep your sutures dry when bathing or showering.
- If sutures get damp, pat them dry.

Changing your dressing

Leave the dressing in place until you are told to remove it or change it. Change it only as directed, using clean hands:

- After the first ___ hours, change your dressing every ___ hours.
- Change your dressing if it gets wet or dirty. Apply antibiotic ointment again if directed by your provider.

EADDY_000005

Other tips

- To help wounds on an arm or leg heal, use the affected limb as little as possible.
- To help reduce swelling and throbbing, raise the area with sutures above your heart.
- To help prevent itching, cover sutures with gauze. If sutures itch, try not to scratch them.
- For pain relief, try acetaminophen or ibuprofen. Don't use aspirin. It can increase bleeding.

When to call your healthcare provider

Call your healthcare provider if you notice any of the following signs:

- Increased soreness, pain, or tenderness after 24 hours
- A red streak, increased redness, or puffiness near the wound
- White, yellowish, or bad smelling discharge from the wound
- Bleeding that can't be stopped by applying pressure
- Adhesive strips fall off or stitches dissolve before the wound heals
- Fever of 100.4°F (38.0°C) or higher, or as directed by your provider

StayWell last reviewed this educational content on 6/1/2019

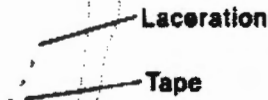
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Attached Information

Laceration, Face: Stitches or Tape (English)

Face Laceration: Stitches or Tape

A laceration is a cut through the skin. This will require stitches if it is deep. Minor cuts may be treated with surgical tape.



Home care

- Follow all instructions for any prescribed medicines.
 - Your healthcare provider may prescribe an antibiotic. This is to help prevent infection. Take the medicine every day until it's gone even if you feel better or you are told to stop. You should not have any left over.
 - The healthcare provider may prescribe medicines for pain. Take them as directed.
- Follow the healthcare provider's instructions on how to care for the cut.
- Wash your hands with soap and clean, running water before and after caring for the cut. This helps prevent infection.
- If a bandage was applied and it becomes wet or dirty, replace it. Otherwise, leave it in place for the first 24 hours, then change it once a day or as directed.
- If stitches were used, clean the wound daily:
 - After removing the bandage, wash the area with soap and water. Use a wet cotton swab to loosen and remove any blood or crust that forms.
 - After cleaning, keep the wound clean and dry. Talk with your healthcare provider before putting any antibiotic ointment on the wound. Reapply a fresh bandage.
 - Remove the bandage to shower as usual after the first 24 hours, but don't soak the area in water (no swimming) until the stitches are removed.
- If surgical tape was used, keep the area clean and dry. If it becomes wet, blot it dry with a towel.
- Most facial skin wounds heal without problems. But an infection sometimes occurs despite proper treatment. Watch for the signs of infection listed below.

Follow-up care

EADDY_000007

Follow up with your healthcare provider as advised. Ask your provider how long stitches should remain in place. Be sure to return for removal of the stitches as directed. This is usually within 5 to 7 days. If surgical tape closures were used, you may remove them yourself when your provider recommends if they have not fallen off on their own.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Wound bleeding not controlled by direct pressure
- Signs of infection. These include increasing pain in the wound, increasing wound redness or swelling, or pus or bad odor coming from the wound.
- Fever of 100.4°F (38°C) or higher, chills, or as directed by your healthcare provider
- Stitches coming apart or falling out or surgical tape falling off before 5 days
- Wound edges reopening
- Wound color changes
- Numbness around the wound

StayWell last reviewed this educational content on 6/1/2020

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Allergies as of 5/11/2022

No Known Allergies

Lab Results

TYPE AND SCREEN (Final result)

Collection Time	Result Time	ABORH	SAMPEXP	RESLOC	ABSCREEN
05/10/22 20:01:10	05/10/22 20:51:28	O Positive	05/13/2022 23:59	LUTHERAN Performed by NYU Langone Hospitals Brooklyn 150 55th Street, Brooklyn, NY 11220. Director: Ding Wen Wu, MD.	Negative

Final result

Results

XR CHEST AP PORTABLE

Study Result

Narrative & Impression
Portable chest x-ray

Clinical indication: 1.Trauma

Technique: Single AP view of the chest was obtained.

Comparison: None.

Findings:

The heart size and vascularity are normal. The lungs are clear. There is no pleural abnormality. The osseous structures are unremarkable.

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Rajiv Shah MD 5/10/2022 8:02 PM

IMPRESSION:

No radiographic acute chest disease.

XR PELVIS AP PORTABLE

Study Result

Narrative & Impression

History: Trauma

Technique: XR PELVIS AP PORTABLE

Comparison: None

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Adam Herder MD 5/10/2022 8:26 PM

IMPRESSION:

No acute fracture or traumatic joint malalignment.

CT BRAIN WITHOUT IV CONTRAST

Study Result

Narrative & Impression

CLINICAL INDICATION: 25-year-old male. Level 1 trauma. Penetrating injury to the face

TECHNIQUE: CT of the head and cervical spine was performed without the administration of intravenous contrast. Multiplanar (axial, sagittal, and coronal planes) were reviewed.

COMPARISON: None.

FINDINGS:

CT HEAD:

EADDY_000009

There is normal brain volume for age. There is no acute intracranial hemorrhage, herniation, hydrocephalus or pneumocephalus. The calvarium is intact. There is no facial fracture or orbital injury. There are skin defects along the left temporal scalp, left upper face overlying the TMJ and anterior to the left ear. There is no significant hematoma. There is no radiopaque foreign body.

CT CERVICAL SPINE:

There is anatomic alignment. There is no acute fracture. There is disc annulus calcification adjacent to the C6 vertebrae. There is no severe disc space narrowing or focal widening. The facet joints are aligned. There is no prevertebral swelling. There is no apparent foreign body. There is some skin injury along the left neck anterior to the sternocleidomastoid muscle and platysma. The left carotid space is unremarkable.

The mucosal space is unremarkable. There is no airway compromise. The larynx and thyroid are normal. There is no apical pneumothorax.

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Rajiv Shah MD 5/10/2022 8:08 PM

IMPRESSION:

1. Superficial injury to the face and left neck.
2. No acute intracranial injury or cervical spine injury.

Discussed with trauma PA Awia at 8:08 PM on 5/10/2022 with verbal confirmation.

CT CERVICAL SPINE WITHOUT IV CONTRAST

Study Result

Narrative & Impression

CLINICAL INDICATION: 25-year-old male. Level 1 trauma. Penetrating injury to the face

TECHNIQUE: CT of the head and cervical spine was performed without the administration of intravenous contrast. Multiplanar (axial, sagittal, and coronal planes) were reviewed.

COMPARISON: None.

FINDINGS:

CT HEAD:

There is normal brain volume for age. There is no acute intracranial hemorrhage, herniation, hydrocephalus or pneumocephalus. The calvarium is intact. There is no facial fracture or orbital injury. There are skin defects along the left temporal scalp, left upper face overlying the TMJ and anterior to the left ear. There is no significant hematoma. There is no radiopaque foreign body.

CT CERVICAL SPINE:

There is anatomic alignment. There is no acute fracture. There is disc annulus calcification adjacent to the C6 vertebrae. There is no severe disc space narrowing or focal widening. The facet joints are aligned. There is no prevertebral swelling. There is no apparent foreign body. There is some skin injury along the left neck anterior to the sternocleidomastoid muscle and platysma. The left carotid space is unremarkable.

The mucosal space is unremarkable. There is no airway compromise. The larynx and thyroid are normal. There is no apical pneumothorax.

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IMPRESSION:

1. Superficial injury to the face and left neck.
2. No acute intracranial injury or cervical spine injury.

Discussed with trauma PA Awia at 8:08 PM on 5/10/2022 with verbal confirmation.

Access to Clinical Notes and Test Results

At NYU Langone Health, we believe that sharing information supports patients taking an active role in their health. In support of this, clinical notes and test results are made available to patients in MyChart and the NYU Langone Health App, as soon as they are available. This is in accordance with the 21st Century Cures Act, which is intended to give patients and their healthcare providers secure access to health information. (www.healthit.gov/curesrule)

This means that a patient may see test results before their health care provider does. If you do access your test results right away, please keep in mind that some results may be hard to interpret without guidance from a health care professional. All results will be reviewed by members of your care team. They will continue to follow-up with you as they have done in the past.

If you feel that any of the information in this summary is inaccurate, please talk with your healthcare provider.

Information About Medication Safety

It is important to keep an updated record of the medications you are taking, and to bring this updated list of medications every time you visit your Health Care Provider and when you come to the hospital. We want to help you in managing your medications safely after your visit or discharge. This includes the potential side effects of your medications. If you have any questions regarding the medications you are taking, please speak to your Health Care Provider or Pharmacist.

Finding a Physician Within NYU Langone Health

As one of the nation's premier academic medical centers, NYU Langone Health is devoted to excellence in patient care, education, and research. We are proud that our care team includes leading specialists for every condition.

Should you need assistance finding a physician or service, please visit us on our website at <https://nyulangone.org/doctors>.

To reach us by phone:

NYU Langone Physician Referral Services – (855) 314-2978

EADDY_000011

NYU Langone Orthopedic Hospital – (888) 453-3627
Family Health Centers at NYU Langone – (718) 630-7942

Additional resources include:

National Suicide Prevention Hotline – **(800) 273-8255**
NYC Suicide Hotline – **(888) 692-9355**

Have questions about your bills?

Our physician and hospital customer service representatives are available to answer any billing questions: <https://nyulangone.org/insurance-billing-financial-assistance>

Physician Billing: 1 - 877 - 648 - 2964

Hospital Billing: 1 - 800 - 237 - 6977

NYU Financial Counseling Service

Patient Financial Counselors are available to discuss any outstanding financial responsibilities not covered by insurance. Financial Counselors can assist you in applying for Government-sponsored programs or NYU Langone Hospitals' Financial Assistance program.

Location: 150 55th Street, Suite 2-40
NYU Langone Hospital—Brooklyn
Telephone: 1-718-630-6252

Please come back to the Emergency Department if:

- You do not feel better
- You feel worse
- You have any other medical concerns

If you do not have a primary care physician, please call: 855-314-2978 for a referral.

Additional NYU Langone Health Resources & Care Options

ED Follow-Up and Care Transition Center:

- You will receive a call from our ED Follow-Up and Care Transition Center. We want to help you with anything you may need. This includes reviewing your discharge instructions, scheduling doctor appointments or getting medications. You can reach the ED Follow-Up and Care Transition Center at 718-630-6868 between 9am-7pm, if you have any questions after your ED visit.

Virtual Urgent Care:

- Adults and children (age 5 and older) can video chat with a care provider while at home, work, or on the go. This service is for patients who have minor medical conditions. It is not for emergencies. Virtual urgent care doctors treat a variety of minor complaints, including cough, sore throat, flu-like symptoms and more. Visit <https://nyulangone.org/locations/virtual-urgent-care> to learn more.

Urgent Care:

- If you are experiencing an injury or illness and are unable to get an appointment with your doctor, NYU Langone has several urgent care options to ensure you get the care you need as quickly and conveniently as possible. This service is for patients who have minor medical conditions. It is not for emergencies. Our doctors are available for extended hours during the week, as well as on the weekend. They are able to perform minor procedures, bloodwork, and imaging services. Visit <https://nyulangone.org/locations/urgent-care> to learn more

Important Notice To All Patients

The examination and treatment(s) you received in our ED have been delivered on an emergency basis. Sometimes, these treatments are not a substitute for complete and ongoing evaluation and medical treatment. It is vital that you arrange for follow-up care with your physician/clinic you were referred to. Report any new or remaining problems at that time because it is difficult to recognize and treat all types of injury or disease in a single ED visit.

If your symptoms continue, get worse or change, you may need more immediate attention. You may need to see your physician or the referral physician. If they are unavailable or if you feel you cannot wait to be seen, return to the ED. Our department is always open and available if you need to come back.

Please ensure that the contact information provided upon Emergency Department registration is accurate in case the need should arise for us to contact you. For information and further instructions on obtaining your medical records, including results and final radiology reports, access your MyChart account.

Radiology Disclaimer

If you had an X-ray, CAT scan, Ultrasound or MRI today, the Emergency Department (ED) interpretation may have been a preliminary reading. A radiology specialist will formally review the exam by the next day following your ED visit. If there is a discrepancy or a change from today's Emergency department reading, you will be notified. In addition, due to the complexities of radiologic examinations, the radiologist's final report may note incidental findings that were not noted during your ED visit. Incidental findings are findings that are discovered, which do not necessarily have clinical significance but may require further evaluation. We suggest you view your images and final radiology report by accessing your MyChart account.

Signatures

Patient Signature: _____

Date: _____ Time: _____

Signature of Discharging Clinician _____ Title: _____

Printed Name of Discharging Clinician _____

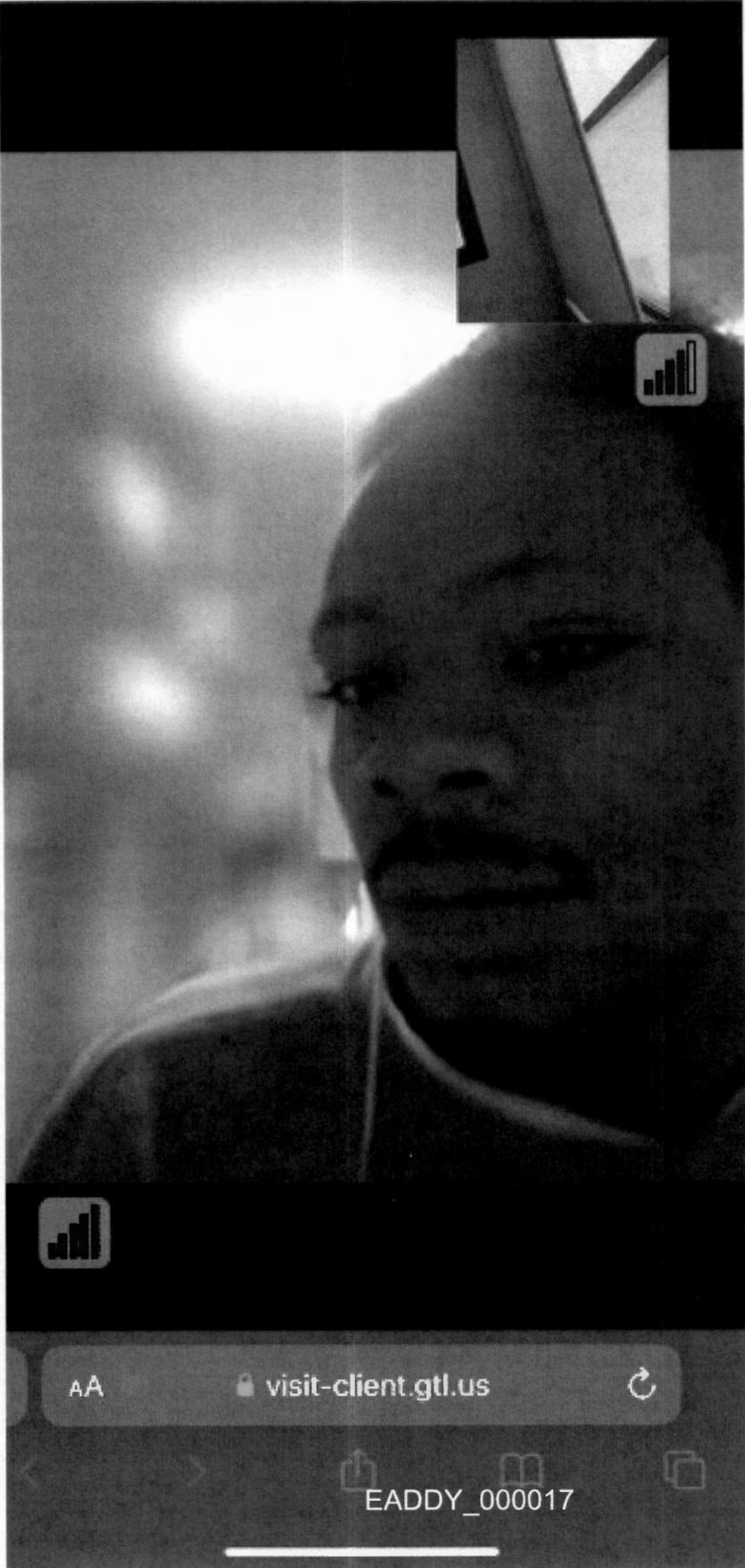
Date: _____ Time: _____

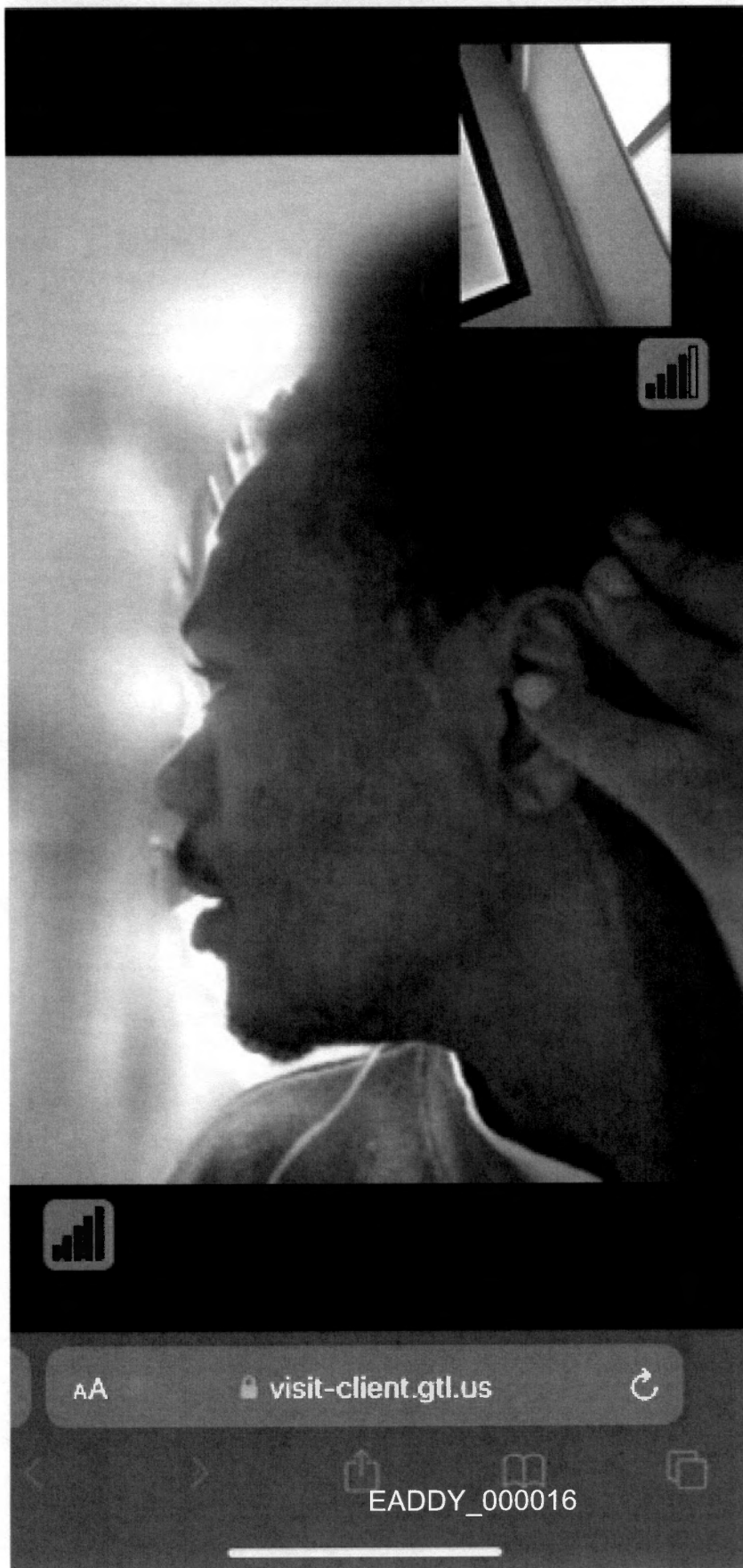


Dr. B. Bialor
Clinical Director
MDC Brooklyn, NY

(5/11/22)

EADDY_000013









AA

visit-client.gtl.us



EADDY_000014

Domestic Shipments

- Domestic Shipments**
- To qualify for the Letter rate, UPS Express Envelopes may only contain correspondence, urgent documents, and/or electronic media, and must weigh 8 oz. or less. UPS Express Envelopes containing items other than those listed or weighing more than 8 oz. will

- The UPS Express Envelope may be used only if your country of origin is a member of the World Trade Organization. For more information, visit ups.com/international.

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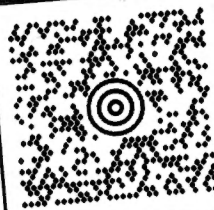
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MD 201 9-54



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U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

COPY

Via Certified and Return Receipt Mail

U.S. Custom House - 7th Floor
2nd & Chestnut Streets
Philadelphia, PA. 19106

May 23, 2024

Elena L. Cohen
Cohen & Green P.L.L.C
16399 Centre Street, Suite 216
Ridgewood, NY 11385

Re: Administrative Claim TRT-NER-2022-06606
Filed on Behalf of Antonio Eaddy, Reg. No. 74790-509

Dear Ms. Cohen:

This office is in receipt of the Administrative claim, which was received in this office on May 8, 2024. You submit this claim on behalf of Antonio Eaddy, Reg. No. 74790-509, for an alleged personal injury he suffered at MDC Brooklyn on May 10, 2022.

After careful review, we have determined your claim refers to Administrative Claim No. TRT-NER-2022-06606, which Mr. Eaddy filed with the Northeast Regional Office. Claim No. TRT-NER-2022-06606 was received in this office on July 28, 2022, and denied on June 13, 2023. This claim is considered closed.

Mr. Eaddy was advised he had six months in which to act with respect to responding to this office's June 13, 2023, decision. As such, your claim documents are time-barred.

Sincerely,

A handwritten signature in black ink, appearing to read "for A.M. Johnson", is written over the typed name.

A. M. Johnson
Regional Counsel



U.S. Department of Justice

Federal Bureau of Prisons

Northeast Regional Office

COPY

Via Certified and Return Receipt Mail

U.S. Custom House-7th Floor
2nd & Chestnut Streets
Philadelphia, PA 19106

June 13, 2023

Antonio Eaddy, Reg. No. 74790-509
FCI Otisville
P.O. Box 1000
Otisville, NY 10963

RE: Administrative Claim No. TRT-NER-2022-06606

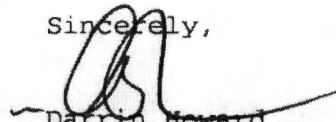
Dear Mr. Eaddy:

Administrative Claim No. TRT-NER-2022-06606, properly received in this office on July 28, 2022, has been accepted and considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30, which provides for the payment of claims "caused by the negligence of an officer or employee of the U.S. Government acting within the scope of employment." You seek \$500,000.00 for a personal injury claim. Specifically, you allege MDC Brooklyn staff improperly placed you in the Special Housing Unit, which lead to you being assaulted by other inmates on May 10, 2022.

At this time, there is not sufficient evidence to substantiate the allegations of this claim. There is no evidence you experienced a compensable loss as the result of negligence on the part of any Bureau of Prisons employee. Accordingly, your claim is denied.

There is no evidence that you experienced a compensable loss as the result of negligence on the part of any Bureau of Prisons employee. Accordingly, your claim is denied. If you are dissatisfied with this decision, you may bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this letter.

Sincerely,


Darrin Howard
Regional Counsel

cc: Sekou Ma'at, Warden, MDC Brooklyn

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.	
1. Submit to Appropriate Federal Agency		2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse) Number, Street, City, State and Zip code. Antonio Eaddy 49 Crown St Apt 15C Brooklyn, NY 11225	
3. TYPE OF EMPLOYMENT <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	4. DATE OF BIRTH 3/13/97	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT MAY 10th 7 PM
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence, and the cause thereof. Use additional pages if necessary.) On April 25, 2022 I was wrongly accused of being involved in incident I had nothing to do with. That occurred on the unit I was housed in (H-52) ... before I was taken out the unit (H-52) on false accusations I haven't been in no incidents what so ever. During my intake process I was sent to the special housing unit due to covid 19 protocols and procedures in reference to being quarantined from populated inmates. (Continued on loose leaf paper)			
9. NAME AND ADDRESS OF OWNER IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). Antonio Eaddy 49 Crown St Brooklyn, NY 11225			
BRIEFLY DESCRIBE THE PROPERTY NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED UNIT Manager Muesch			
10. STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH WHICH FORMS THE BASIS OF THE CLAIM IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEASED I am Antonio Eaddy Almost lost my life in a housing unit that I wasn't assigned to by S.I.S officer Carr and unit manager of the 3th floor name Muesch			
11. WITNESSES NAME ADDRESS (Number, Street, City, State, and Zip Code)			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars) 12a. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. WRONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights)			
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.			
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side) Antonio Eaddy		13b. PHONE NUMBER OF PERSON SIGNING FORM 929-398-1980	
14. DATE OF SIGNATURE 7/11/2022		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR FRAUDULENT SETTLEMENTS FEDERAL BUREAU OF PROBATION REGIONAL COUNSEL OFFICE JUL 28 2022	

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INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.	
15. Do you carry accident insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input checked="" type="checkbox"/> No	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17. If deductible, state amount.
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).	
19. Do you carry public liability and property damage insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code) <input checked="" type="checkbox"/> No	
INSTRUCTIONS	
<p>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</p> <p style="text-align: center;">Complete all items - Insert the word NONE where applicable.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT ACCOMPANIED BY A CLAIM FOR MONEY.</p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.</p> </div> <div style="width: 48%;"> <p>DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT, THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p> </div> </div>	
PRIVACY ACT NOTICE	
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301; 28 U.S.C. 501 et seq.; 28 U.S.C. 2671 et seq.; 28 C.F.R. Part 14.</p>	<p>B. Principal Purpose: The information requested is to be used in evaluating claims.</p> <p>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</p>
PAPERWORK REDUCTION ACT NOTICE	
<p>This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	

I came into BOP custody with two broken bones in my right foot along with a Medical came boot to minimize the pains from me walking.) On April 25, 2022 the day of the incident which I was wrongly accused of, I was sent to the SHU (West SHU) for 16 days due to an inmate implicating me in a assault that had nothing to do with me. I wasn't given no incident report during the duration of the time I spent in the SHU.

Continued on next loose leaf Paper

However on May 7th 2022 S.J.S officer W.Carr told me he checked the camera footage of unit 52 and realized that I had nothing to do with the assault that took place. 16 days later I was told pack up to leave from the SHU so I could return to general population. Even though officer W.Carr told me I was being returned to my original unit (H-52), Lt of the SHU disregarded the initial request and decided to put me on unit (H-51), which caused me to lose a significant amount of blood

2 of 4 Continued on next loose leaf paper

(3 quarters worth) from me being slashed from behind the car down to the soft tissues in my neck. I was also cut across the temple and across the cheek on my left side. The following day (May 11th 2022) officer unit manager of the 5th floor who's name is Muesch stated "I assigned you back to unit (H-52)." He told me this the day after I came from the hospital. On this day Lt Santucci stated "You're lucky to be alive." which was said with a small chuckle and a crack of a smile.

3 of 4

Continued on next loose leaf paper

If I was left in the situation due to the Medical Boot, the situation may have not occurred in the manner that it happened. My Lawyer of my original federal case Ms. Susan Walsh came to see me May 21, 2022 and stated that Correctional officer told her "It was a mistake it wasn't meant for him (Eaddy)" On June 9, 2022 pertaining to my Incident Sensitive BP-9 was given to the Institutional Para Legal BY ME. He ALSO told me on June 22nd 2022 it was already send out.

4 of 4

BP-9 was written on June 8th 2022.

By the way I was given this
tort claim 7/11/2022 by the
Para Legal. And due to this
day I'm sitting in the SHU
due to the Lt mistake he made
instead of sending back to my
regular house unit.

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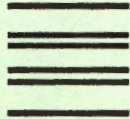
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